

Women's Health End of Rotation (EOR) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

- 1. At which weeks during pregnancy is the test for gestational diabetes usually performed?**
 - A. 20-24 weeks**
 - B. 24-28 weeks**
 - C. 28-30 weeks**
 - D. 30-34 weeks**
- 2. What is the most effective method of contraception?**
 - A. Condoms**
 - B. Pills**
 - C. Intrauterine device (IUD)**
 - D. Diaphragm**
- 3. A 22 year-old woman presents with a firm breast mass. What is the most likely diagnosis?**
 - A. Fibroadenoma**
 - B. Breast fat necrosis**
 - C. Fibrocystic changes**
 - D. Intraductal papilloma**
- 4. What is the most common presenting clinical manifestation of breast cancer?**
 - A. Breast tenderness**
 - B. Nipple discharge**
 - C. Nipple retraction**
 - D. Breast mass**
- 5. Which clinical presentation would most likely suggest a diagnosis of pelvic inflammatory disease (PID)?**
 - A. Vaginal itching**
 - B. Dysuria**
 - C. Fever with lower abdominal pain**
 - D. Presence of yeast infection**

- 6. What types of pain are typically associated with endometriosis?**
- A. Upper abdominal pain and headaches**
 - B. Pelvic pain, dysmenorrhea, and pain during intercourse**
 - C. Lower back pain and migraines**
 - D. Joint pain and fatigue**
- 7. Human papilloma virus is primarily associated with which type of cancer?**
- A. Cervical carcinoma**
 - B. Ovarian carcinoma**
 - C. Pelvic inflammatory disease**
 - D. Vaginitis**
- 8. A 25-year-old female presents with vulvar pruritus and a thick, white vaginal discharge. What test is most helpful for diagnosis?**
- A. KOH prep**
 - B. Gram stain**
 - C. Tzanck smear**
 - D. FTA-ABS**
- 9. What is a common symptom of polymenorrhea?**
- A. Frequent menstrual cycles occurring less than 21 days apart**
 - B. Heavy menstrual bleeding**
 - C. Extended menstrual cycles over 35 days**
 - D. Absence of menstrual cycles for more than 3 months**
- 10. Which medication is considered a standard therapy for a patient with endometriosis?**
- A. GnRH agonists**
 - B. Oral contraceptives**
 - C. Non-steroidal anti-inflammatory drugs (NSAIDs)**
 - D. Progestational agents**

Answers

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- 1. B**
- 2. C**
- 3. A**
- 4. D**
- 5. C**
- 6. B**
- 7. A**
- 8. A**
- 9. A**
- 10. A**

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Explanations

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1. At which weeks during pregnancy is the test for gestational diabetes usually performed?

- A. 20-24 weeks**
- B. 24-28 weeks**
- C. 28-30 weeks**
- D. 30-34 weeks**

The test for gestational diabetes is generally performed between 24 and 28 weeks of pregnancy. This timing is important because it aligns with the period when insulin resistance begins to develop naturally during pregnancy due to hormonal changes. Screening at this phase is crucial as it allows healthcare providers to identify women who may be at risk for gestational diabetes, enabling timely intervention to promote better maternal and fetal health outcomes. In the earlier weeks, such as before 24 weeks, the mother's body might not exhibit the metabolic changes typical of gestational diabetes, rendering the screening less effective. Testing beyond the 28-week mark could miss earlier diagnoses when the management of the condition is most beneficial, thus ensuring that proper monitoring and treatment can be initiated if needed.

2. What is the most effective method of contraception?

- A. Condoms**
- B. Pills**
- C. Intrauterine device (IUD)**
- D. Diaphragm**

The intrauterine device (IUD) is considered the most effective method of contraception. This is primarily due to its high efficacy rate in preventing pregnancy, which surpasses that of other contraceptive methods listed. When inserted correctly by a healthcare professional, an IUD offers over 99% effectiveness in preventing pregnancy. It works by creating an environment in the uterus that is not conducive to fertilization or implantation. IUDs can be hormonal or copper-based. Hormonal IUDs release progestin, which thickens cervical mucus, thinning the uterine lining, and sometimes preventing ovulation. Copper IUDs create a hostile environment for sperm and can prevent fertilization as well. Other methods, while useful, do not offer the same level of reliability. For example, condoms can fail due to improper use or breakage, and their efficacy is lower when compared to IUDs. Birth control pills are effective when taken correctly, but their efficacy can decrease if doses are missed or not taken consistently. Similarly, diaphragms require correct placement and may be less effective if not used with spermicide or if they are not in place long enough after intercourse. In summary, the IUD's ease of use, longevity (lasting several

3. A 22 year-old woman presents with a firm breast mass. What is the most likely diagnosis?

- A. Fibroadenoma**
- B. Breast fat necrosis**
- C. Fibrocystic changes**
- D. Intraductal papilloma**

The most likely diagnosis for a firm breast mass in a 22-year-old woman is fibroadenoma. These benign tumors are most prevalent in women in their late teens to early 30s and are characterized by being well-circumscribed, firm, and often mobile upon examination. Fibroadenomas are composed of glandular and stromal tissue, which contributes to their solid, rubbery consistency. Typically, risk factors associated with fibroadenomas include being younger, as is the case here, and they may also be stimulated by hormonal influences, which is why they can sometimes increase in size during pregnancy or hormone therapy. The demographics and characteristic nature of the mass align well with this diagnosis, making fibroadenoma a common and anticipated finding in such presentations. Breast fat necrosis, while also a consideration in certain contexts, usually occurs due to trauma or surgery and might present as an irregular mass. Fibrocystic changes are more common in women in their reproductive years but often present with multiple cysts rather than a single firm mass. Intraductal papilloma typically presents with nipple discharge and may not appear as a palpable mass unless significant in size. Given the age, presentation, and characteristics of the mass, fibroadenoma stands out

4. What is the most common presenting clinical manifestation of breast cancer?

- A. Breast tenderness**
- B. Nipple discharge**
- C. Nipple retraction**
- D. Breast mass**

The most common presenting clinical manifestation of breast cancer is the discovery of a breast mass. This often appears as a palpable lump in the breast tissue, which can be detected either by the patient during self-examination or during clinical breast examinations by a healthcare provider. The mass can vary in size, shape, and consistency, and may be associated with other symptoms, but its presence is often the first noticeable change. Breast masses are of particular concern because they can indicate various conditions, including non-cancerous conditions such as cysts or fibroadenomas, but the context of this question specifically relates to the likelihood of a breast mass being indicative of malignancy. Regular screening and awareness are emphasized because early detection of breast cancer significantly improves treatment outcomes. While other manifestations like nipple discharge, nipple retraction, and breast tenderness can occur in the context of breast cancer or other breast conditions, they are less commonly the first sign that prompts individuals to seek medical advice. Thus, a breast mass stands out as the primary and most commonly reported indication of breast cancer in clinical practice.

5. Which clinical presentation would most likely suggest a diagnosis of pelvic inflammatory disease (PID)?

- A. Vaginal itching**
- B. Dysuria**
- C. Fever with lower abdominal pain**
- D. Presence of yeast infection**

The clinical presentation that most likely suggests a diagnosis of pelvic inflammatory disease (PID) is fever with lower abdominal pain. PID is an infection of the female reproductive organs, often caused by sexually transmitted infections. The hallmark symptoms of PID include lower abdominal pain, which may be accompanied by fever, unusual vaginal discharge, and pain during intercourse. The presence of fever indicates an inflammatory process and suggests a more systemic infection, which is typical in cases of PID. Other symptoms, such as dysuria or vaginal itching, may occur in various conditions but are not specific to PID. Vaginal itching and the presence of a yeast infection typically point towards localized conditions like vulvovaginal candidiasis and would not commonly present with systemic symptoms like fever. Similarly, while dysuria can indicate a urinary tract infection which may coexist with PID, it does not directly indicate PID itself. Therefore, the combination of fever and lower abdominal pain is the most indicative of an infection like PID.

6. What types of pain are typically associated with endometriosis?

- A. Upper abdominal pain and headaches**
- B. Pelvic pain, dysmenorrhea, and pain during intercourse**
- C. Lower back pain and migraines**
- D. Joint pain and fatigue**

Endometriosis is a condition in which tissue similar to the lining of the uterus grows outside of the uterus, leading to various symptoms primarily centered around pain. One of the hallmark features of endometriosis is pelvic pain, which can occur at any point in the menstrual cycle but is often most intense during menstruation, a phenomenon known as dysmenorrhea. This type of pain can significantly interfere with daily activities and quality of life. Additionally, individuals with endometriosis frequently experience pain during intercourse, known as dyspareunia, due to the presence of endometrial-like tissues that can cause inflammation and scarring within the pelvic cavity. These symptoms are distinct and specifically associated with endometriosis, highlighting the characteristic pain presentations for those suffering from this condition. The other options do not accurately represent the typical types of pain associated with endometriosis, as upper abdominal pain and headaches, lower back pain and migraines, or joint pain and fatigue are not the primary complaints associated with this disorder. Instead, they may be related to other medical conditions or issues.

7. Human papilloma virus is primarily associated with which type of cancer?

- A. Cervical carcinoma**
- B. Ovarian carcinoma**
- C. Pelvic inflammatory disease**
- D. Vaginitis**

Human papillomavirus (HPV) is most notably linked with cervical carcinoma, making it the primary cancer of concern associated with this virus. HPV, especially high-risk strains like HPV types 16 and 18, can lead to the development of precancerous lesions in the cervix, which, if left untreated, may progress to invasive cervical cancer. The connection between HPV and cervical cancer has been well-established through various studies and epidemiological data. Vaccination against HPV has been recommended as a preventive measure against cervical cancer, highlighting the significance of this association in women's health. In contrast, while the other options pertain to women's health, they do not have a direct and prominent association with HPV. Ovarian carcinoma is not linked to HPV, and conditions such as pelvic inflammatory disease and vaginitis are primarily infections or inflammatory conditions, which do not have the same oncogenic implications as HPV does with cervical cancer.

8. A 25-year-old female presents with vulvar pruritus and a thick, white vaginal discharge. What test is most helpful for diagnosis?

- A. KOH prep**
- B. Gram stain**
- C. Tzanck smear**
- D. FTA-ABS**

The most helpful test for diagnosing the condition described in the scenario, which includes vulvar pruritus and a thick, white vaginal discharge, is a KOH prep. This test is specifically used to identify infections caused by fungi, particularly *Candida* species, which are often responsible for the symptoms described. When a KOH prep is performed, a sample of vaginal discharge is mixed with potassium hydroxide (KOH), which helps clear away cellular debris and enhances the visualization of fungal elements, such as hyphae or budding yeast cells, under a microscope. In cases of candidiasis, the presence of these elements can confirm the diagnosis. Other tests mentioned, such as a Gram stain, are useful for diagnosing bacterial infections and can differentiate between bacterial vaginosis and other types of infections, but they are less specific for fungal infections. A Tzanck smear is typically used to identify herpes infections by looking for multinucleated giant cells, which does not apply here. The FTA-ABS is a test for syphilis and is unrelated to vaginal discharge or vulvar itching. Hence, for the symptoms presented, a KOH prep is the most appropriate diagnostic tool.

9. What is a common symptom of polymenorrhea?

- A. Frequent menstrual cycles occurring less than 21 days apart**
- B. Heavy menstrual bleeding**
- C. Extended menstrual cycles over 35 days**
- D. Absence of menstrual cycles for more than 3 months**

Polymenorrhea is characterized by frequent menstrual cycles that occur at intervals of less than 21 days. This condition reflects a higher frequency of menstruation, leading to more regular but shorter cycles. Women experiencing polymenorrhea may notice that their periods come more frequently than the typical cycle of 21 to 35 days. Recognizing this symptom is crucial for proper diagnosis and management since it differentiates polymenorrhea from conditions associated with longer or irregular cycles. The other options describe symptoms related to different menstrual disorders. Heavy menstrual bleeding pertains more specifically to menorrhagia, which is a condition characterized by excessive menstrual blood loss rather than the frequency of cycles. Extended menstrual cycles over 35 days is indicative of oligomenorrhea or amenorrhea, contrasting with the frequent cycles seen in polymenorrhea. Absence of menstrual cycles for more than three months is generally referred to as amenorrhea, which is also distinct from the definition of polymenorrhea as it highlights a lack of menstrual activity rather than an increased frequency.

10. Which medication is considered a standard therapy for a patient with endometriosis?

- A. GnRH agonists**
- B. Oral contraceptives**
- C. Non-steroidal anti-inflammatory drugs (NSAIDs)**
- D. Progestational agents**

GnRH agonists are considered a standard therapy for managing endometriosis because they work by decreasing estrogen production, which is crucial in the development and maintenance of endometrial tissue. By inhibiting the gonadotropin-releasing hormone from the hypothalamus, these agonists lower levels of follicle-stimulating hormone and luteinizing hormone, leading to a state akin to menopause. This reduction in estrogen helps to shrink or slow the growth of endometriotic lesions, providing relief from symptoms such as pain and discomfort, which are prevalent in patients with endometriosis. While oral contraceptives, NSAIDs, and progestational agents also play roles in the management of endometriosis, they do not have the same robust effect on the suppression of endometrial tissue that GnRH agonists provide. Oral contraceptives can help manage symptoms by providing hormone regulation but not necessarily as effectively shrink existing endometriosis. NSAIDs are effective for addressing pain but do not treat the underlying endometriosis itself. Progestational agents can also be beneficial in managing symptoms, but they may not be as effective as GnRH agonists in terms of the overall management of the disease. Therefore, GnRH agonists stand out as a more

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://womenshealthor.examzify.com>

We wish you the very best on your exam journey. You've got this!